

to DTCA. **RESULTS:** After watching the TV advertisement of Lipitor®, 89.3% of study participants agreed that they would talk to their physicians about their cholesterol, 88.7% agreed that they would ask their physicians to test their cholesterol levels, and 47.3% agreed that they would ask their doctors to write them a prescription for Lipitor®. The study also found that 26.0% of study participants had inadequate functional health literacy, 17.3% had marginal functional health literacy, and 56.7% had adequate health literacy. Participants who rated the advertisement as helpful responded more favorably to it. Older patients were more likely to agree to talk to doctors about cholesterol. Those who had a history of high cholesterol were more likely to agree to ask doctors to test their cholesterol levels. **CONCLUSIONS:** African American patients in this study responded more favorably to DTCA. DTCA may be an effective marketing tool for pharmaceutical companies. However, the net public health and economic effects of DTCA remain to be determined.

## PCV25

#### USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY HYPERTENSIVE PATIENTS IN THE UNITED STATES

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**OBJECTIVE:** Surveys have indicated that use of alternative treatments is increasing in the United States. One survey in found that 33.8% of Americans were using some form of alternative medicine and a later survey found that use had increased to 42.1% in 1997. The objective is to provide an estimate of the prevalence of Complementary and Alternate Medicine (CAM) use by hypertensive patients in the United States. **METHODS:** Cross-sectional analysis of the 2001–2003 Medical Expenditure Panel Survey, a nationally representative sample of the U.S. non-institutionalized civilian population. Patients with hypertension were identified by ICD-9-CM code of 401. Use and costs of CAM in patients with hypertension were compared with those in non-hypertensive individuals. Student's *t* test statistics was used to compare the costs associated with CAM use between the two groups. Multiple logistic regression was used to determine independent predictors of CAM use in individuals with hypertension, controlling for age, sex, race/ethnicity, household income, educational level, and co-morbidity. **RESULTS:** Individuals with hypertension were 1.3 times more likely to use CAM than individuals without hypertension (8 vs. 5%,  $P < 0.0001$ ). The data showed that the prevalence of CAM use among hypertensives not living in metropolitan statistical areas was twice that of living in metropolitan statistical areas (2.9% vs 1.5%;  $P = 0.02$ ). Among individuals with hypertension, older age (65 years) and higher educational attainment were independently associated with CAM use. The mean amount in dollars spent per person for CAM was not different in both groups ( $\$414 \pm 269$  vs.  $\$236 \pm 26$ ,  $P = 0.5106$ ). **CONCLUSIONS:** These findings have many implications for the way we understand CAM use among hypertensives, both for clinical applications and future research. The data provide a baseline estimate of CAM use among hypertensives in the United States.

## PCV26

#### PRESCRIBING PATTERNS FOR ANTIHYPERTENSIVE DRUGS AFTER THE PUBLICATION OF THE ANTIHYPERTENSIVE AND LIPID-LOWERING TREATMENT TO PREVENT HEART ATTACK TRIAL (ALLHAT) IN REGION EMILIA ROMAGNA (RER), ITALY

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**OBJECTIVES:** The ALLHAT findings (December 2002) recommended thiazide-type diuretics for first-step therapy in uncomplicated hypertensive patients, rather than either calcium channel blockers (CCBs) or angiotensin-converting enzyme (ACE) inhibitors. The objective of this study was to examine prescribing patterns for antihypertensive agents in Region Emilia Romagna (RER), Italy, following the ALLHAT publication. **METHODS:** We studied automated pharmacy claims of approximately 4 million RER residents between January 1, 2000 and December 31, 2003. We computed the monthly relative percentage of filled prescriptions for six antihypertensive classes: thiazide-type diuretics, ACE inhibitors or angiotensin receptor blockers (ARBs), CCBs, beta-blockers, alpha-blockers, and other-type antihypertensive diuretics. A stepwise auto-regressive forecasting model was used for time series analysis. To assess the impact of the ALLHAT guidelines on use of each antihypertensive class, predicted relative percentages and 95% confidence intervals were calculated for the 12 months of 2003. **RESULTS:** During the study period, ACE inhibitors/ARBs and CCBs had the largest relative percentages (approximately 40% and 30%, respectively), while the relative percentages for beta-blockers and thiazide-type diuretics were roughly 10% and 1%, respectively. Use of thiazide-type diuretics and ACE inhibitors/ARBs showed an overall upward trend, which was not statistically associated with the ALLHAT publication. The relative percentage of CCBs diminished over time and was statistically significant compared with that predicted by the time-series model in the last four months of 2003 ( $p < 0.05$ ). The percentage of beta-blockers was stable during the study period, although statistically significantly higher in the last 7 months of 2003 compared with the predicted values ( $p < 0.05$ ). Use of alpha-blockers and other-type antihypertensive diuretics was steady over time. **CONCLUSIONS:** The well-publicized ALLHAT findings had a limited impact on the prescribing patterns of antihypertensive drugs in Italy. Further research should investigate why physicians appeared to be unresponsive to the new clinical evidence.

## PCV27

#### THE IMPACT OF DOSE INCREASE ON THE COST-EFFECTIVENESS OF STATINS

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**OBJECTIVES:** Statins reduce morbidity and mortality in the prevention of cardiovascular disease (CVD). Clinical trials have shown that the lower the cholesterol level obtained, the lower the risk of (CVD). Therefore, the use of high doses of statins is often encouraged. Rosuvastatin is the most potent statin but cholesterol changes obtained with the lower doses can also be reached by increasing the dose of atorvastatin or simvastatin. The aim of this study is to assess the impact of dose increases on the cost-effectiveness of statins in Belgium. **METHODS:** A state-transition model with a 20-year time horizon using 6-month cycles was developed in MSExcel. Individuals enter the model CVD free. Depending on age, smoking status, systolic blood pressure, total cholesterol (TC) and HDL-cholesterol, CVD risk (cardiac death, non-fatal MI, angina, fatal and non-fatal stroke) was calculated using the SCORE equation. The STELLAR-study, which compared the efficacy of rosuvastatin, atorvastatin, and simvastatin across doses, served as data source (reduction in TC with 10mg rosuvastatin, 20mg atorvastatin and 80mg simvastatin approximately equal). Official sources for cost of events and costs of the different statins were used (Belgian payers perspective). 3% discounting was applied on costs and effects.